ALL FAITHS CHILDREN'S ADVOCACY CENTER

Family Wellness Program

EVALUATION PLAN
DECEMBER 11, 2020

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All Faiths Healing Kids & Families in Crisis
CHILDREN'S ADVOCACY CENTER

THE UNIVERSITY OF NEW MEXICO

UNIVERSITY OF NEW MEXICO EVALUATION LAB

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1. Introduction

All Faith's (AF) is an advocacy center for children and caregivers affected by trauma. The goal of this non-for-profit organization is to foster and advocate children's safety and family wellbeing in New Mexico. To fulfill this goal, AF has three main programs: The Children's Safehouse, the Family Wellness Program, and the Placement Services. This evaluation focuses on the Family Wellness Program (FWP), which addresses early signs of potential crises affecting children and their caregivers.

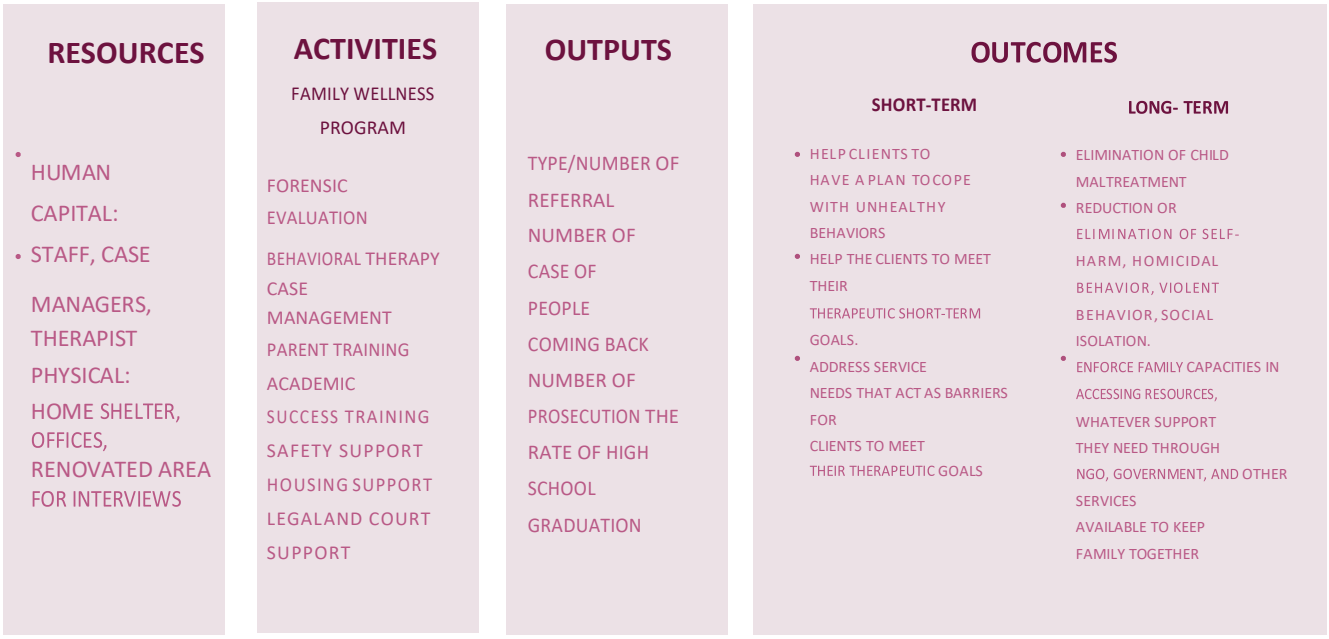
The FWP aims at ensuring that families and individuals can access resources and support needed through non-profits, government, or other sources. The purpose is to help the caregivers and parents to heal along with their children. For this, the FWP offers group therapy for non-offending caregivers, individual therapy, safety support, which includes steps for clients to take if they are in a crisis or unsafe situation. Finally, the FWP offers case management support through parenting training, and by resource tracking that may help them to be more autonomous. Among these resources are legal and court support, assistance to identify housing, food, and transportation, legal education, as well as academic success training.

2. Purpose of Evaluation

This evaluation follows a community based participatory approach by working to identify the necessary steps to identify clients' needs for resources and community services that address the social determinants of health. In that logic the questions that will orient the evaluation are:

- What are the parents and caregivers' need for services?
- How do clients go about obtaining services on their own? Do they?
- How do clients' need for services change throughout their time enrolled as AF clients? To what extent do clients mark for CM and service referral obtain it?

3. The Logic Model



The main factors leading the evaluation are the desire by AF to deliver an effective way to address non-offender caregivers needs while attending the Family Wellness program and after they leave the program.

All Faiths, follows the Children's Advocacy Center model, providing a multidisciplinary team in a child-friendly facility in which law enforcement, child protection services, mental health, medical professionals, and victim advocates work together to investigate abuse, help the child, and hold offenders accountable.

Given that caregivers are a fundamental piece in the child healing process, addressing their needs is a priority to provide them the tools that they will need to support their child and themselves. This logic model addresses how the evaluation will be done taking into account these aforementioned assumptions.

4. Context

4.1. Bernalillo County

4.1.1. Demographics

Bernalillo County, and its county seat Albuquerque are the most populous areas in New Mexico with 679,121 habitants, of those, 51% are Female. Sandoval, and Santa Fe counties, are the adjacent urban areas and they will be mentioned for purposes of comparison.

In Bernalillo, the ethnic composition of the population is: Hispanics 50%, White 38%, Native American 6%, Black 3.6%, and Asian/Pacific 3%. (See Figure 1)

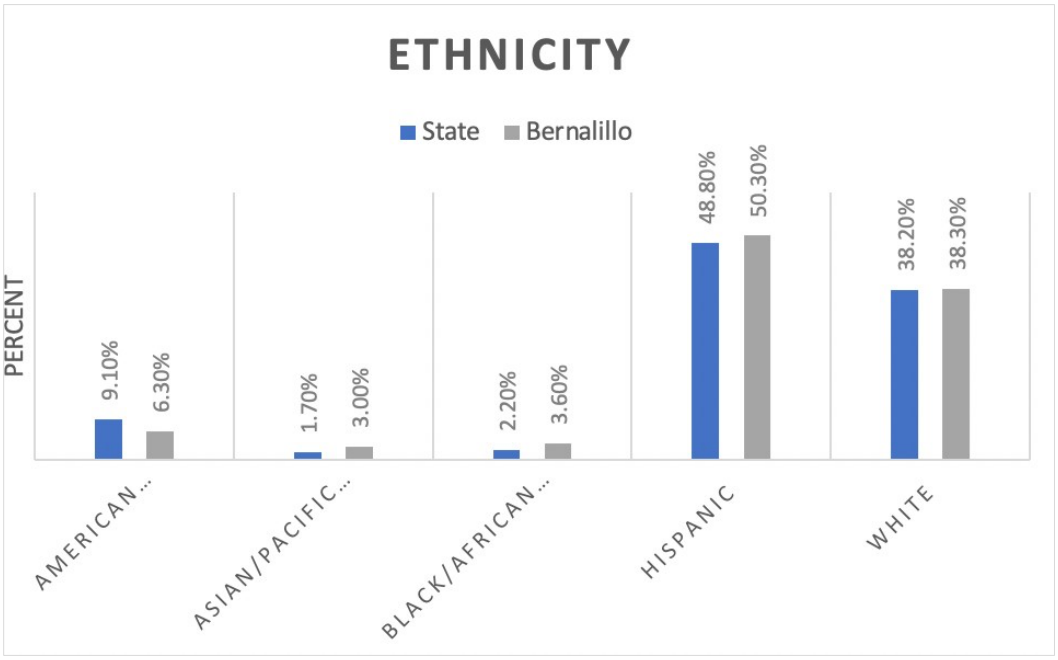


Fig 1. Ethnicity in New Mexico and Bernalillo County
Source: New Mexico Indicator- Based Information System for Public Health

The High school graduation proportion is 67 % for Bernalillo, 79. 3 % for Sandoval and 72 % for Santa Fe, that is below the US average of 84 %.

4.1.2. Median income

The median income in Bernalillo is 51,643 USD, and is variable depending the area of the city, the neighborhoods located in the south has the lower income (Rio Bravo 34,304 USD, Gibson 30,602 USD, Central Penn 20,632 USD, while the ones located in the northwest has the higher. Comparatively, Sandoval county income is 59,420 USD and Santa Fe County 59,262 USD.

4.1.3. Health insurance, food assistance and unemployment

In Bernalillo, the proportion of people that doesn't have insurance is 9.2%, that is lower than in Sandoval 9.8% and Santa Fe 12.3

The unemployment rate is 3.9% in Bernalillo, 4.6% in Sandoval and 2.7% in Santa Fe. Also, Bernalillo has the higher proportion of Food Stamps/SNAP (15.3%), compared with Sandoval (10.90%, and Santa Fe (9.9%)

4.1.4. Child abuse risk factors

From Bernalillo total population (679,121), 21.4% are under 18 years old. Also, Bernalillo county has the highest number of children under 5 years old (40,842), followed
by Dona Ana county (15,229). (See Figure 2).

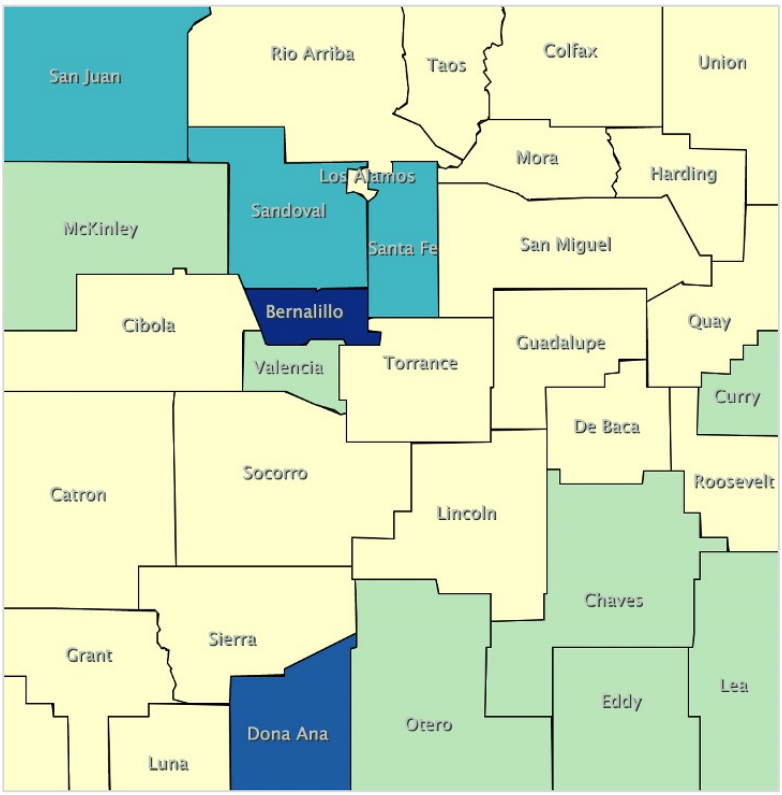


Fig 2. Children under 5 years in New Mexico
Source: New Mexico Indicator- Based Information System for Public Health

The proportion of children 5-17 years old living in poverty is: Bernalillo 23%, Sandoval 15.6%, Santa Fe 16.6%, while the U.S. average 18.3%. (See Figure 3)

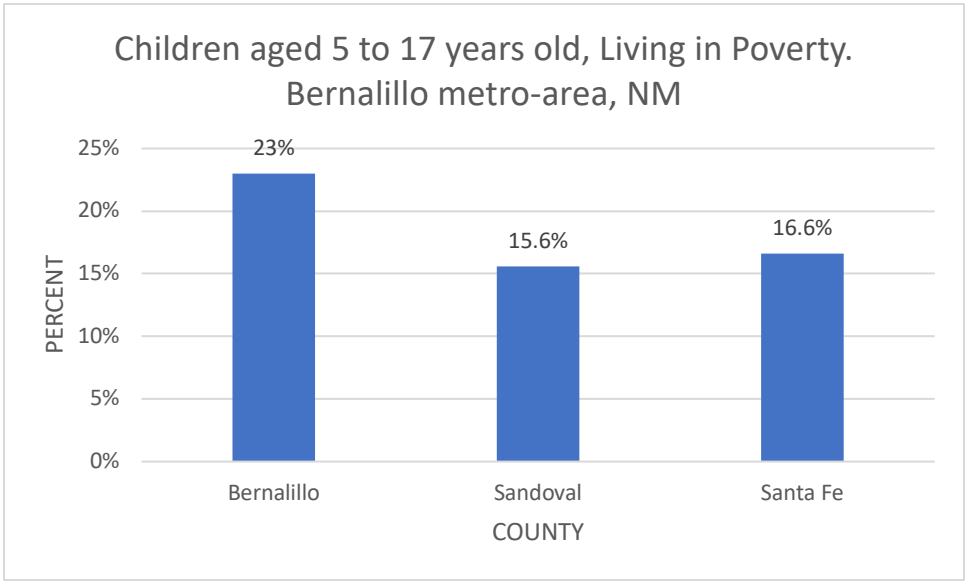


Fig 3. Proportion of Children 5 to 17 years old l living in poverty.
Source: New Mexico Indicator- Based Information System for Public Health

Single parenthood is considered a risk factor for many health outcomes, regularly the head of the house is a woman. The proportion of households lead by a single female for Bernalillo is 13.5%, Sandoval 12.6% and Santa Fe 11.5%, the U.S. average is 12.7%

Social isolation is a risk factor for child abuse, language is used as a proxy, the proportion of households where language is other than English is Bernalillo 29.9%m Sandoval 27.7% and Santa Fe 34.2%. In Bernalillo there are neighborhoods with higher proportion like Central Coors 50.9%, Rio Bravo 63%.

Reported domestic violence is higher in Bernalillo 13.5 per 1000 residents than the State average (9.2 per 1000 residents). While its physical abuse before pregnancy has a proportion of 2.2%, is most frequent in Natives (2.9), and Hispanics (2.7%), compared with whites 1.4%.

4.1.5. Child abuse and family dynamics in New Mexico

Child abuse can be regarded as cases when the victim is under the age of 18, and a parent or caretaker has been identified as the violent perpetrator or identified as failing
to protect the victim.

Child abuse constitutes an important issue in New Mexico. Data from the U.S. Department of Health, Children's Bureau, in New Mexico child abuse and neglect rate are higher than the national average.

In 2017, the state's rate of abuse was 17.6 per 1,000 children, nearly twice the national average of 9.1.

The following chart shows the child victims rate by age category. It is clear that the more the child is younger the more he/she is likely to undergo violence. (See Figure 4)

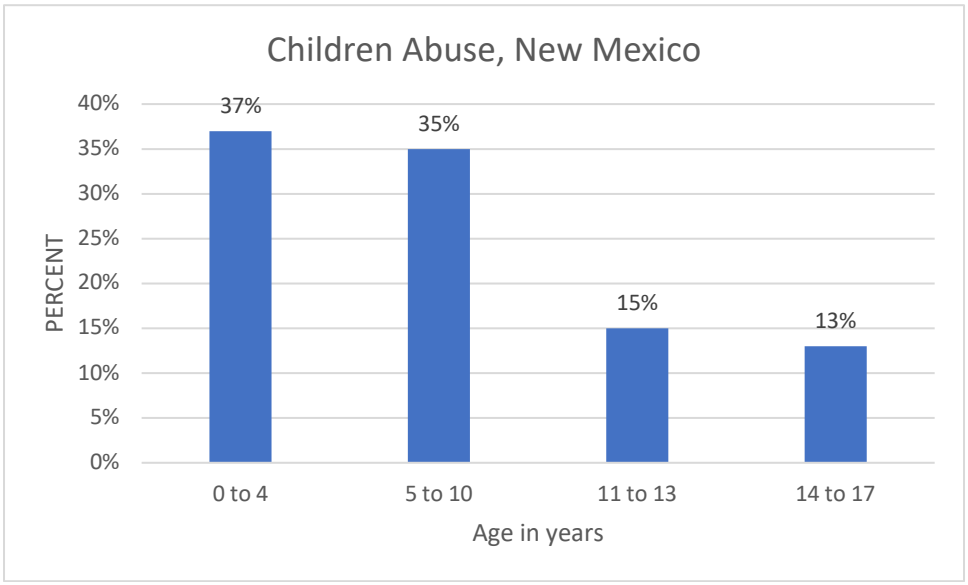


Fig 4. Proportion of Children abused by age.
Source: The Annie E. Casey Foundation, 2020.

There are also some disparities in terms of child abuse by race. The following chart presents the child abuse rate by race for the year 2018. While the Hispanic presents the highest rate in term of child abuse, non-Hispanic Asian/native presents the lowest rate. This to a certain extent reflect the demography of the state of New Mexico. (See Figure 5)

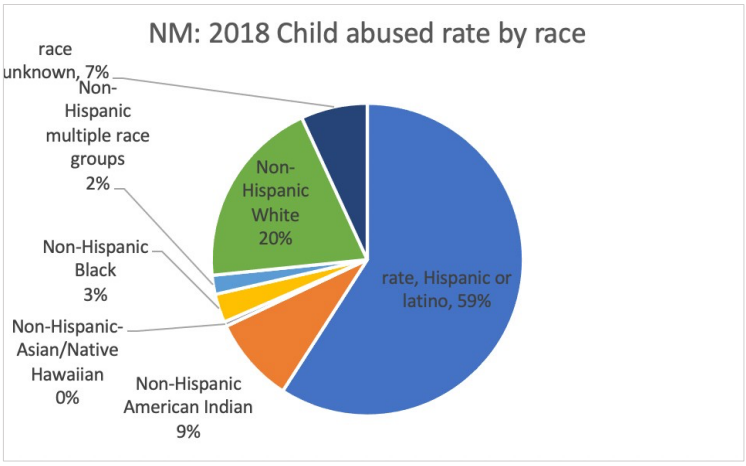


Fig 5. Proportion of Children abused by race/ethnicity in New Mexico, 2018.
Source: The Annie E. Casey Foundation, 2020

In New Mexico, during the last five years, child abuse has been increased. The Figure 6, shows the child abused rate by year for the State of New
Mexico.

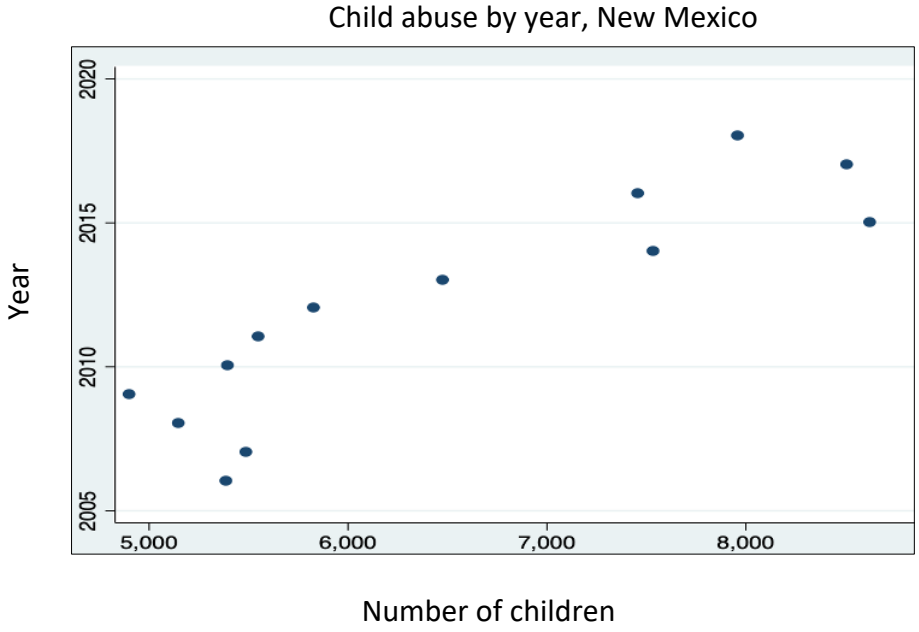


Fig 6. Number of children abused per year, New Mexico.
Source: The Kaiser Family Foundation, 2020

According to the U.S. Department of Housing and Urban Development, homelessness refers to the definition set by the US Department of Housing and Urban Development (HUD), which considers an "individual to be homeless if he or she lives in an emergency shelter, transitional housing program (including safe havens), or a place not meant for human habitation, such as a car, abandoned building, or on the streets." The following graph shows the time series trend of homelessness family and child abused rate in New Mexico from 2005 to 2019. It is interesting to see that while family homelessness is almost constant since 2010, the child abused rate is increasing. See figure 7.

Homelessness and child abuse

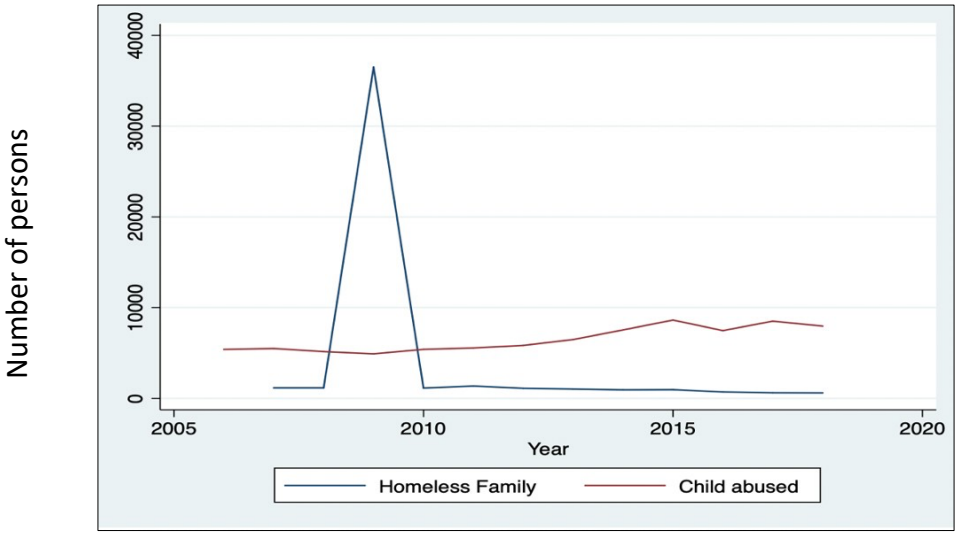


Fig 7. Relation Homelessness and child abuse per year, New Mexico. Source: The Kaiser Family Foundation, 2020

Aratani (2009) argues that domestic violence is the main source of family homelessness in the United States. More than 80% of family homelessness had previously experienced domestic violence. This research is important as it demonstrates the structural impact that child abuse can have on homelessness. Baker et al. (2005) find that 38 % of all domestic violence victims become homeless at some point in their life.

Domestic violence affects negatively children's homelessness in the United States. According to the National Center of Family Homelessness (2013), one major cause of homelessness for children in the United State and specifically in New Mexico includes experienced trauma, domestic violence by their mother and/or by the children themselves.

To address issues related to child abuse, the state of New Mexico enacted in March 2019 legislations to reduce child abuse and neglect by providing services and employing a less punitive approach to families that clearly need help. Hopefully, this legislation will help reduce the increasing rate of child abuse and neglect within the state.

5. Evaluation team and Stakeholders

5.1. The University of New Mexico Evaluation Laboratory Team

Claudia Díaz Fuentes, PhD / Team Leader

Dr. Diaz is the director of UNM's Evaluation Lab and oversees student work as part of the evaluation team. She received her Ph.D. from the Pardee RAND Graduate School. Her research focuses on utilization and access to care among Spanish-speaking Hispanics in the United States. In particular, her interests include the role of the demand for screening and treatment of several prevalent conditions among Hispanics, such as mental health illnesses, breast cancer, and musculoskeletal and respiratory illnesses, and the long-term impact of these conditions on income security. Claudia started teaching introductory economics and intermediate microeconomics in her home country (El Salvador), where she also recently taught time series econometrics. Her teaching interests also include health, development, and labor economics.

Carlos Linares Koloffon, MD.

Carlos is a physician, his research interests are cardiovascular and kidney disease, health care systems, equity and youth wellbeing. He is currently a Master of Public Health student at the University of New Mexico.

Florent Nkouaga, MA.

Florent is a third year PhD Student studying public policies and American Politics in the Department of Political Science UNM. He received both his BA and MA in Applied Economics from the University of Yaoundé II (Cameroon), an MA in International Affairs from the University of Jean Moulin Lyon III (France), and an MA in Public Policies and Methods from the University of New Mexico. Currently Florent is interested in questions related to health policies and politics within the US congress.

5.2. All Faiths, Children's Advocacy Center Team

Krisztina Ford, MBA.

Krisztina currently serves as the President of the Board of Directors for the New Mexico Behavioral Health Providers Alliance, and the Treasurer of the National Board of Directors for the Child Welfare League of America in Washington, D.C. She is a former recipient of the Business Weekly's Top CEO Award and Women of Influence Award and has served on the Mayor's Task Force on Child Abuse. Before coming to All Faiths, Krisztina worked with health care organizations and agencies that served the developmentally disabled. She holds an MBA from UNM's Anderson School of Management and a master's degree in Political Science from Budapest.

Deedee Stroud, PhD.

Deedee has advocated for children and families for over 25 years. She received her Ph.D. in Psychology degree from the University of New Mexico, a
Master's in Business Administration in Information Systems Management degree from the University of Texas. Deedee will tell you that the only thing in this world that we can control is how we respond to the cards we are dealt in life. "Choose happy. Be grateful. Leave positive energy wherever you go."

Caitlin McGinnis, BS.

Caitlin McGinnis made New Mexico her home many years ago and attended CNM. It was there that she discovered a passion for data and developed her pride of being a part of the vibrant Albuquerque community. This path led her to a career with All Faiths Children's Advocacy Center, where she has worked since 2015 as the Quality Improvement Manager. Caitlin plays an instrumental part in the agency's role as the trusted advocates for children and family impacted by trauma by creating elegant solutions to make daily client work seamless.

6. Evaluation activities and timeline

6.1. The evaluation questions for All Faith's Family Wellbeing Program are:

1. What are the parents' and caregivers' need for services?
2. How do clients go about obtaining services on their own? Do they?
3. How do clients' need for services change throughout their time enrolled as AF clients?
4. To what extent do clients mark for CM and service referral obtain it?

6.2. Evaluation design:

To achieve this goal, we propose the following steps:

- Step1. The Evaluation Lab will identify validated instruments for clients' needs in non-profit and clinical settings.
- Step 2. All Faiths will decide which instrument to use and the Evaluation Lab team will adapt it and translated based on All Faith's feedback.
- Step 3. The survey will be implemented by case managers and therapists.
- Step 4. Each survey will be matched to demographic and socioeconomic data for the caregiver already available in All Faith's electronic medical record system.
- Step 5. The Lab will code Case Manager notes to identify services under case management for all clients with a service plan.
- Step 6. The notes will be matched to the same demographic and socioeconomic data as the survey.
- Step 7. We will interview 2 Case Managers and 1 Therapists to collect qualitative data and conduct thematic analysis.

6.3. Timeline

DECEMBER 2020

- Review WellRx Survey to match All Faiths goals.
- Conduct focused interviews with therapists

JANUARY 2021

- Data collection
- Codification

FEBRUARY 2021

- Data codification
- Analysis

MARCH 2021

- Draft: Evaluation report
- Expo: Evaluation Lab.

APRIL 2021

- Final report

7. Appendix

7.1. The Adapted WellRx Questionnaire

(Instructions to interviewer: Read each question and answer the options)
I will ask you a few questions about services you may need

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

2. Are you homeless?
2.1 Do you worry that you might be homeless in the future?

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

4. Do you have trouble finding or paying for a ride?

5. Do you need daycare for your kids?
5.1 Do you need better daycare for your kids?

6. Are you unemployed or without regular income?

7. Do you need help finding a better job?

8. Do you need help getting more education?

9. Are you concerned about someone in your home using drugs or alcohol?

10. Do you need legal support (for example, assistance completing a restraining order, or learning about legal process)?

11. Is there anything else you would like to share about these or other needs you and your family may have?

Source: Modified Well-RX questionnaire. Page-Reeves, J., Kaufman, W., et al. (2016). Addressing social determinants of health in a clinic setting: the WellRx pilot in Albuquerque, New Mexico. The Journal of the American Board of Family Medicine, 29(3), 414-418.

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